Declaration

Submitted

with Initial

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

(37 CFR 1.63)

Declaration

Submitted after Initial

Filing (surcharge

August 26,

CIR-990826

384,926

1999

COMPLETE IF KNOWN

2713

Attorney Docket Number

First Named Inventor

Application Number

Filing Date

Group Art Unit

PTO/SB/01 (12-97)
Approved to Approved to Approved 1930/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Filing	(37 CFR 1.16 (e)) required)	Examiner Name										
As a below named inven	tor, I hereby declare that:											
My residence, post office a	address, and citizenship are a	s stated below next to my	name.									
t believe t am the original, names are listed below) of	first and sole inventor (if only the subject matter which is o	one name is listed below) laimed and for which a pal	or an original, fir tent is sought on	st and joint inven the invention ent	itor (if plural itled:							
	IMAGING INST											
the specification of which	Title	of the Invention)										
is attached hereto												
	08/26/19	as Unite	d States Applicat	ion Number or P	CT International							
Application Number		s amended on (MM/DD/Y			(if applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.												
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.												
certificate, or 365(a) of any	ity benefits under 35 U.S.C. PCT international applicational applicational application dentified below, by capplication having a filing date	hacking the hove any fore	ion annlication fo	r gatent or inven	nt or inventor's nited States of tor's certificate,							
Prior Foreign Application	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co YES	py Attached? NO							
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	ation numbers are listed on a	supplemental oriority data	sheet PTO/SB/	02B attached her	eto:							
Additional foreign applic	under 35 U.S.C. 119(e) of an	v United States provisiona	l application(s) lis	sted below.								
Application Number		(MM/DD/YYYY)										
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[Page 1 of 2] Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/S8/01 (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION — Utility or Design Patent Appl	ication
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		- Utility Of						
United States of United States or	e benefit under 35 U.S.C. 120 of America, listed below and, inso PCT International application in this is material to patentability as of or PCT international filing date of	he manner provided by the fined in 37 CFR 1.56	he first para which becam	graph of 35 U.S.C. e available betwe	. 112, I act en the filir	knowled	ge the duty to	pplication
U.S	. Parent Application or I	PCT Parent		Filing Date DD/YYYY)	P		Patent Nu applicable	
	Number		1			<u> </u>		
09/2	28,773		1	01/11/1999				
	791,637		['	/31/1997				
Additional L	J.S. or PCT international applicat	ion numbers are listed o	n a supplem	ental priority data :	neet PTO	758/029	attached ne	the Patent
As a named inve	entor, I hereby appoint the followin	ng registered practitioner Customer Number	(s) to prosec	Life this application		11.380	Place Custor lumber 8ar (ner Code
		OR Registered practitioner(s Registration	s) name/regi:					ration
	Name	Number		Nam	•		Nun	nber
Michae	l E. Schmitt	36,921						
	y M. Ganz	34,170					<u> </u>	
Additional r	egistered practitioner(s) named c	n supplemental Register	red Practition	er Information she	et PTO/S	8/02C a	ttached here	to.
	espandence to: 🔲 Custon	ner Number Code Label		H R	Y Cor	respon	dence addr	ess below
Name	Michael E.	Schmitt	<u> </u>	874				
Address	P.O. Box 10	9	PATENT TRACE	NRK OFFICE				
Address								
City	Portland		Stat		ZIP		296	44.07
Country	USA			7.8699	Fax		355.	
I hereby decla believed to be	re that all statements made her true; and further that these statements are both	ein of my own knowled	ne are true		neois ma	สดอกเก	tompation at	IC DENEL OLD
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PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

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Name of Addition	nal Joint Inventor, if any	<u>. </u>		A	petition	has been filed	for this	s unsigne	d inve	ntor
Given Nar	me (first and middle [if any])					Family Nam	e or S	umame		
Erha	ın				Gun	day				
Inventor's Signature	Elas 6	TILLI TILLI	na	6		 		7-2- Date	99	
Residence: City	Santa Barbara	State	CA	1	ountry	USA		Citizensh	ip l	JSA
Post Office Address	927 Medio Road									
Post Office Address						···				
City	Santa Barbara	State	C.	A	ZIP S	3103	Country	US	<u> </u>	
Name of Addition	nal Joint Inventor, if any	:			petition	has been filed	for thi	s unsign	ed inve	entor
Given Na	me (first and middle [if any])					Family Nan	ne or S	umame		
Pau	1	Hartloff Hartloff								
Inventor's Signature	Paul M.	V 0 1/2014						11/2	49	
Residence: City	Ventura	State	CA	` c	ountry	USA		Citizen	ship	USA
Post Office Address	2337 Pima	Lane								
Post Office Address								, -		·
City	Ventura	State	C	A	ZIP	93001	Coun	itry	US	5A
Name of Additio	nal Joint Inventor, if any	/:	-		A petitio	n has been file	d for th	is unsign	ed inv	entor
Given Na	ame (first and middle [if any])					Family Nar	ne or S	Sumame		
Ab	raham	-			K	otlyar				
Inventor's Signature								Da	te	
Residence: City	Los Angeles		C	A C	ountry	USA		Citize	nship	USA
Post Office Address	8002 Hollywood	Way			1			 		
Post Office Address										
City	Los Angeles	State	C	A	ZIP	91352		Country	υ	SA

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Addition	nal Joint Inventor, if any	<i>y</i> :			A petitio	n has been file	d for thi	s unsigne	d inve	entor		
Given Nar	me (first and middle (if any))					Family Nar	ne or S	umame				
Frederi	ick A.					Miller						
Inventor's Signature								Date				
Residence: City	Camarillo	narillo CA Country USA Citiz							р	USA		
Post Office Address	989 Garrido D	rive										
Post Office Address												
City	Camarillo	State	CA		ZIP	93010	Country	, us	A			
Name of Addition	nal Joint Inventor, if any	Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Na	me (first and middle [if any])	e (first and middle [if any]) Family Name or Surname										
Inventor's Signature								Date	3			
Residence: City		State			Country			Citizen	ship			
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Name of Additio	nal Joint Inventor, if an	y:			A petitic	on has been file	ed for th	is unsign	ed inv	entor :		
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			Attorney Docket Nun	nber CIR-990826				
DECLARA		I FOR UTILITY OR	First Named Inventor					
PATE		PPLICATION	COMPLETE IF KNOWN					
	(37 CFR 1.63)		Application Number	09 / 384,926				
·			Filing Date	August 26, 1999				
J- Declaration Submitted	Declaration Submitted OR with Initial Filing OR (37 CFR 1.16 (e)) required)		Group Art Unit	2713				
			Examiner Name					

As a below named inver	ntor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
MEDICAL	IMAGING INST	RUMENTS, SY	STEMS A	AND METHODS						
the specification of which is attached hereto	(713)	le of the Invention)								
OR was filed on (MM/DD/YYYY) 08/26/1999 as United States Application Number or PCT International										
Application Number 09/384,926 and was amended on (MM/DD/YYYY) 08/26/1999 (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYY)	Priority Not Claimed	Certifled Copy Attached? YES NO						
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I hereby claim the benefit u	inder 35 U.S.C. 119(e) of an	y United States provisional	application(s) lis	ted below.						
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DEC	LARATION —	- Utility or	Des	sign	Pate	nt A	ppl	icatio	<u>n</u>
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	Number								
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·	791,637			-	1/1997				
Additional	U.S. or PCT international applicat	tion numbers are listed o	n a supp	plementa	priority data :	sneet PTC	0/58/02	8 attached he	ereto.
As a named inve	entor, I hereby appoint the following	ng registered practitioner	r(s) to or	osecute	this application	n and to t	ransact	Place Custo	Tule Paterio
and Trademark	v	Customer Number					1	Number Bar (Code
		Registered practitioner(s	s) name/	registrati	on number list	ed below			tration
	Name	Registration Number			Nam	•			nber
Michae	el E. Schmitt	36,921							
Bradle	-	34,170							
Additional (egistered practitioner(s) named o	in supplemental Register	red Prac	titioner Ir	formation she	et PTO/S	B/02C a	attached here	to.
	espondence to: Custom	ner Number Code Label			imir ilili			ndence addr	
Name	Michael E. S	Schmitt	022	287	4				
Address	P.O. Box 10	105 MTE	NT TRACE	HARK OFFI	<u> </u>				
Address				$\overline{}$					
City	Portland			tate	_OR	ZIP		7296	6127
Country	USA	1			8699	Fax		<u>3.355.</u>	
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Fra	ank D.	2		D'1	<u>Amelio</u>				1.0 .00
Inventor's Signature	1	14	<u>~</u>					Date	Nov 19
Residence:	City Los Olivos	S State C	A L	Country	USA	<u> </u>		Citizenship	LUSA
Post Office A	Address 2813 Ga	viota St.							
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	Los Olivos state	·	ZIP	934		Cou		USA	E . 2 E
Additiona	al inventors are being named	on the 2_suppleme	ental A	dditiona	Inventor(s)	sheet(s	PTO/	58/0ZA atta	cued here

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Addition	nal Joint Inventor, if any	<u>/:</u>			A petitio	n has been filed	for this	s unsigr	ed inv	entor
Given Nar	me (first and middle [if any])					Family Nan	ne or S	umame		
Erha	in			Gunday						
inventor's Signature	Eller 6	711	nd	2	1		1	7 - 2 · Date	99	
Residence: City	Santa Barbara	1]	CA	1	ountry	USA		Citizens	hip	USA
Post Office Address	927 Medio Road									
Post Office Address				<u> </u>		· · · · · · · · · · · · · · · · · · ·	. <u> </u>	,		<u>·</u>
City	Santa Barbara	State	CA		ZIP	93103	Country	US	A	
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Given Na	me (first and middle [if any])					Family Nam	ne or S	umame		
Pau	1	Hartloff								
Inventor's Signature	Paul M.	Ha	wes					l l/g	49	
Residence: City	Ventura	State	CA	,	Country	USA		Citize	nship	USA
Post Office Address	2337 Pima	Lane	ł				_			
Post Office Address										
City	Ventura	State	CA		ZIP	93001	Count	try	US	SA
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Given Na	me (first and middle [if any])					Family Nan	ne or S	umame		
Ab	raham a				Ko	otlyar			•	
Inventor's Signature								Da	te	11-05.1999
Residence: City	Los Angeles		CA		Country	USA		Citize	nship	USA
Post Office Address	8002 Hollywood	Way								
Post Office Address										
City	Los Angeles	State	CA		ZIP	91352	. c	ountry	U	SA

PTO/SB/02A	(3-97)
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PTO/SB/02A (3-97)
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any:										
Given Na	me (first and middle [if any]		Family Name or Sumame							
Freder		Miller								
Inventor's Signature					Date					
Residence: City	Camarillo	 State	CA	Country	USA		Citizensh	ip	USA	
Post Office Address	989 Garrido D	rive								
Post Office Address	ddress									
City	Camarillo .	State	CA	ZIP	93010	Country	US	Α		
Name of Addition	nal Joint Inventor, if an	y:		A petiti	on has been file	d for thi	s unsigne	ed inv	entor	
Given Na	me (first and middle [if any])			Family Nar	ne or S	umame			
Inventor's Signature							Date	•		
Residence: City		State		Country			Citizens	ship		
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Name of Addition	nal Joint Inventor, if an	ıy:		A petiti	on has been file	d for thi	is unsigne	ed inv	entor	
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CIR-990826

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/S8/028 attached hereto.

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Application Number(s)

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Attorney Docket Number

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DECLARATION	FOR UTILITY OF	First Named Inv	First Named Inventor Miller						
	PPLICATION	со	COMPLETE IF KNOWN						
	R 1.63)	Application Num	Application Number 09 /						
•	-	Filing Date	Au	, 1999					
Declaration	Declaration Submitted after Initi	al Group Art Unit	27	13					
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				·					
1	itor, I hereby declare that:								
My residence, post office	address, and citizenship are	as stated below next to my	name.		1				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural									
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
MEDICAL IMAGING INSTRUMENTS, SYSTEMS AND METHODS									
the specification of which (Title of the Invention)									
is attached hereto			•						
	08/26/19	as United	1 States Applica	ation Number or P	CT International				
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I hereby state that I have re	eviewed and understand the	contents of the above identi	fied specification	on, including the d	daims, as				
1	ent specifically referred to abo		tefined in 37 C	FR 1 56					
i acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	py Attached? NO				

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Filing Date (MM/DD/YYYY)

	PTO/SB/01 (12-97) _
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DEC	LARATION -	- Utility or	Desig	n Pate	nt Ap	plication	on	
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Additional	U.S. or PCT international applicat	ion numbers are listed o	n a supplemen	ital priority data	sneet P10/S	8/U25 attached	iereto.	
As a named inve	entor, I hereby appoint the following Office connected therewith:	ng registered practitione Customer Number	(s) to orosecu	te this application		Place Cust Number Ba	omer Code	
		Registered practitioner(a) name/regist/	stion number is	wase bes	Reg	stration	
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Michae	el E. Schmitt	36,921						
Bradle	-	34,170						
Additional of	egistered practitioner(s) named o	in supplemental Registe	red Practitione	r Information she	et PTO/SB/	02C attached he	reto.	
	espandence to: 🔲 Custan	ner Number Code Label		OR		spondence ad		
Name	Michael E.	Schmitt	12287					
Address	P.O. Box 10							
Address								
City	Portland		State 03.297	OR	ZIP	<u>97296</u> 508.355	6127	
Country	USA							
punishable by	tre that all statements made her true; and further that these sta fine or imprisonment, or both, t any patent issued thereon.	ein of my own knowled tements were made wil under 18 U.S.C. 1001 a	ge are true and the knowled and that such	d that all stater ge that willful fa willful false stat	nents made alse stateme ements may	on information of the like of	so made are validity of the	
Name of S	ole or First Inventor:		□ Аре			nis unsigned in	ventor	
G	iven Name (first and middle	if anyl)		Fami	ly Name o	CSumame		
	ank D.		D	'Amelio		1	146.110	
inventor's Signature	120	14				Date	Nov 199	
Residence:	City Los Olivo	S State C	A Coun	uy US	Α	Citizensh	e USA	
Post Office	Address 2813 Ga	viota St.						
Post Office	Address POB 122				1			
	Los Olivos stat	. CA		3442	Count		tached herelo	
☐ A ddition:	al inventors are being named	on the _ 2_supplem	ental Additio	nai inventor(s) sneet(s) i	10130102A at		

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page . 1. of __2

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])					Family Name or Surname					
Erha	an	-		Gunday						
Inventor's Signature	Eller C	6	61				99			
Residence: City	Santa Barbar	1	CA	/	ountry	USA		Citizens	hip	USA "
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Name of Addition	nal Joint Inventor, if ar	ıy:			A petitio	n has been file	d for thi	s unsigr	ed inv	entor
Given Na	me (first and middle [if any])		Family Name or Surname						
Pau	ul Hartloff									
Inventor's Signature	Paul M. Harriff "1						l l/g	49		
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Post Office Address			-							· .
City	Ventura	State	CA		ZIP	93001	Coun	try	US	SA
Name of Addition	nal Joint Inventor, if ar	ıy:			A petitio	n has been file	d for thi	s unsigr	ed inv	entor
Given Na	me (first and middle (if any	1)				Family Nar	ne or S	umame		
Abi	raham				Ko	otlyar				
Inventor's Signature							Date			
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Post Office Address							- -			
City	Los Angeles	State	Los Angeles State CA				ZIP 91352 Co.		ountry USA	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor													
Given Na	Given Name (first and middle [if any])						Family Name or Sumame						
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Inventor's Signature	Frederick a. M.				N	iller 💥 11			1-10- Date	99			
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Name of Addition	dditional Joint Inventor, if any:												
Given Na	me (first and middle (if any	(1)					Family Nan	ne or S	umame				
Inventor's Signature									Da	te			
Residence: City			State			Country			Citize	nship			
Post Office Address													
Post Office Address						_							
City			State			ZIP		Count	try	_			
Name of Addition	nal Joint Inventor, if an	ny:				A petitio	n has been filed	d for this	s unsigr	ed inv	entor		
Given Nar	me (first and middle (if any	1)					Family Nan	ne or S	umame				
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Inventor's Signature									Da	te			
Residence: City			State			Country			Citizer	nship			
Post Office Address													
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